

Title V Senior Community Service Employment Program (SCSEP)
Monthly Expenditure Report and Request for Funds

PSA No:

Contractor Agency:

Street Address:

City, State, ZIP:

Date:	Fiscal Year:	Contract No:
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A. EXPENDITURES		Month:			Year:			
	AAA ADMINISTRATION			PROGRAM COSTS				
Funding Source	(a) General Costs	(b) Indirect Costs	(c) Total Admin	(d) Project Admin	(e) Program PWFB	(f) Program Other	(g) Total Program	(h) TOTAL
1. Federal Share								
2. State Share								
3. Local Match Cash								
4. Local Match In-Kind								
5. Total Expenditures								

B. REQUEST FOR FUNDS

Month:	Year:
6. Federal Funds	
7. State Funds	

For State Use Only			
Fiscal Team Specialist:	Date:	Fiscal Team Coach:	Date: